

FEES

Alarm Business Application Fee \$200.00
 Reciprocal Business Fee \$75.00
 Duplicate License Fee \$10.00
 Alarm Business Renewal Fee \$20.00
 Reciprocal Business Renewal Fee \$10.00
 Background Investigation Fee \$24.00
**Payable to the Department of Public Safety by
 Cashier's Check or Money Order**



Tucson Police Department Alarm Unit

STAFF USE ONLY

Alarm Agent License # _____

Primary Alarm Business Y N
 Reciprocal Alarm Business Y N

City and License # _____

Privilege Tax License # _____

ALARM BUSINESS LICENSE APPLICATION

1. Name of business ("dba") _____	2. Application Date _____
3. Business Address (complete) _____	3b. Business Phone Number () -
4. Mailing Address (complete) _____	
5. Alarm Business Owner (If an individual, list full name, including middle name, and any suffix, such as Jr., Sr., III) (If a corporation, partnership, LLC, or other legal entity, list name <u>exactly</u> as it appears on organizational documents) _____ _____	
6. Business Type (check one): <div style="display: flex; justify-content: space-between;"> <div> Individual General Partnership Limited Partnership Other (specify) _____ </div> <div> Corporation Limited Liability Co. </div> </div>	7. (Skip to #8 if answer to #6 is "Individual") Date of Incorporation: _____ State of Incorporation: _____ A copy of the business formation documents (Articles and Bylaws or similar documents) must be submitted with this application.
8. List the name of each "Controlling Person" as defined in Tucson City Code Section 7-450 (If any Controlling Person is a corporation or legal entity, list below and attach a list of all Controlling Persons of that entity) <div style="display: flex;"> <div style="flex: 1;"> _____ _____ _____ _____ _____ </div> <div style="flex: 1;"> _____ _____ _____ _____ _____ </div> </div>	
9. If any Business Type other than individual, designate an individual Controlling Person residing in Arizona to act as Responsible Managing Officer. This person will need to sign this application, and will be the main point of contact between the alarm business and the City of Tucson, including the Tucson Police Department for all false alarm or code violation issues. Name (printed) _____ Telephone Number () - Signature _____	

ALARM BUSINESS LICENSE APPLICATION (Cont.)

APPLICANT INFORMATION (for any legal entity, complete form for each Controlling Person)										
10. Name (First, Middle, Last)						11. Other Names/Aliases (include maiden name)				
12. Date of Birth		13. Height		14. Weight		15. Hair Color		16. Eye Color		
17. Current Residence Address										
18. Current Business Address										
19. Home Telephone Number () -		20. Message Number () -		21. Facsimile (Fax) Number () -		22. E-mail Address				
23. Previous Residence Addresses for past 5 years (include dates; attach additional sheets if needed)										
24. Previous Employment for past 5 years (include addresses, dates, and positions held; attach additional sheets if needed)										
25. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a government agency. Type of I.D. _____ I.D. Number _____ Expiration Date _____										
26. Have you or any business for which you were a "Controlling Person" ever had an alarm business, alarm agent or similar license refused, denied, cancelled, suspended or revoked? Yes No If "Yes", please describe the reason(s) for such action, along with the date and jurisdiction:										
27. Have you ever been convicted of ANY crime (INCLUDING major traffic offenses, such as DUI, Hit and Run Accident, Reckless Driving, Felony Flight, etc), OR are you currently pending trial or other court proceedings for any criminal offense? FAILURE TO ANSWER TRUTHFULLY AND/OR OMIT INFORMATION WILL RESULT IN A DENIAL OF YOUR APPLICATION. No If "No", initial here _____ Yes If "Yes", please describe:										
28. By signing this application below, you are expressly agreeing that any and all records of this alarm business, whether written or recorded, electronically or otherwise, or in any other form, relating to information required to be supplied to the Tucson Police Department in case of an alarm, shall be immediately made available at any time upon request for inspection by agents of the Tucson Police Department. Acknowledge _____ (initial here)										
29. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Applicant Signature _____ Date _____										
STAFF USE ONLY										
Agent List	Location List	Corporate Documents	Contractor License	State TPT	Copy of Primary License	Proof of Age	Photos	Fingerprints	Application Fee	Staff Initials
Y N	Y N	Y N	Y N/A	Y N/A	Y N/A	Y N	Y N/A	Y N/A	Y N	
Departmental Recommendation: Approved Denied Circle reason for denial: B1 B2 B3 B4										
Alarm Coordinator: _____ Date _____										
Commander: _____ Date _____										